

# **INSTRUCTIONS FOR REMITTING CITY OF TROY 2016 WITHHOLDING TAX**

## **GENERAL INFORMATION FOR EMPLOYERS**

Every employer located within or doing business within the City of Troy who employs one or more persons is required to withhold the City of Troy municipal tax at the rate of 1.75% from wages subject to withholding.

The 130<sup>th</sup> Ohio General Assembly has made changes to the remittance schedules for Monthly and Quarterly withholding, as well as changes to Penalty and Interest. All remittances are due by the **15th day** of the month following the period subject to the withholding, with no grace period. (i.e. Jan withholding is due Feb 15<sup>th</sup>.)

Quarterly withholding is due on the 15<sup>th</sup> day after the end of the quarter, with no grace period. (i.e. 1<sup>st</sup> quarter is due Apr 15<sup>th</sup>.) Your payment must be postmarked on or before the due date to be considered on time and to prevent a late penalty described herein. Electronic Filing through the Ohio Business Gateway (OBG) is another way to remit your withholding. The date used for determining timeliness of the electronic filing will be the “date submitted.” Information and instructions on how to register and remit payments through the OBG can be found at [business.ohio.gov](http://business.ohio.gov). Eligibility for Monthly or Quarterly withholding is based on the following “Look Back” provisions. If your business remitted more than \$2,399 in the previous year or more than \$200 any month in the previous quarter, you would be required to remit monthly. If your business remitted less than \$2,399 in the previous year or less than \$200 any month in the previous quarter, you would remit quarterly.

## **PENALTY AND INTEREST RATES HAVE CHANGED**

Late withholding payments are penalized at the rate of **50%** of the amount not timely filed. This is a penalty prescribed by the ORC Chapter 718. Specific language can be found at <http://codes.ohio.gov/orc/718.27>. Interest is calculated using the Federal Short Term Rate (rounded) + 5% and is posted on our website by October 31<sup>st</sup> of each year. For 2016, the interest rate is 5% per annum (0.42% monthly or portion thereof). Late return filings, including reconciliations, will be penalized \$25 per month or fraction thereof up to \$150 maximum. Reconciliations are due the last day of February each year with no grace period. The Penalty and Interest Rates were established by the 130<sup>th</sup> Ohio General Assembly in December 2014 and cannot be changed by the City of Troy.

## **FORM INSTRUCTIONS**

Be sure that the account number, federal identification number, business name and address appear on the form in the appropriate designated place. Enter the gross compensation subject to withholding for the filing period. If no qualifying wages for this period, enter zero. Enter the total Troy tax withheld. Enter any adjustments, (full explanation of adjustment in writing must accompany this form). The total due must be paid with the timely filing of this return. Be sure to indicate the number of employees subject to the Troy tax during the period. Sign and date where indicated.

## **RECONCILIATION OF RETURNS**

All reconciliation of returns plus employee W-2's must be mailed to the City of Troy, Income Tax Division, 100 S Market St, Troy OH 45373. The instructions for filing the annual Reconciliation of Returns can be found on the last page of this packet. Reconciliation of Returns and employee W-2's are due February 28, 2017.

## **WHERE TO MAIL PAYMENTS**

All payments must be mailed to the City of Troy, Income Tax Division, 100 S Market St, Troy OH 45373

## **QUESTIONS**

Please contact our office with any questions.

OFFICE HOURS: 8am – 5pm Monday through Friday      PHONE: (937) 339-3861; FAX: (937)440-1352;

WEBSITE: [www.troyohio.gov](http://www.troyohio.gov)      E-MAIL: [income.tax@troyohio.gov](mailto:income.tax@troyohio.gov)

**CITY OF TROY**  
**RETURN OF INCOME TAX WITHHELD**

**Troy Tax Rate is 1.75%.**

Form TW-1

Remit form and payment to:  
City of Troy Income Tax Division  
100 S Market St, Troy OH 45373

☐ COURTESY WITHHOLDING ONLY.  
INDICATE QUARTER REPORTED: \_\_\_\_\_

*Questions? (937) 339-3861*

Provide Account Number, correct Business Name, Address and FEIN.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Withholding Period (Refer to instructions)	Due Date (Refer to instructions)
<b>JANUARY 2016</b>	<b>FEBRUARY 15, 2016</b>

1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
<b>6. TOTAL DUE</b>	<b>\$</b>

Number of employees during period: \_\_\_\_\_

**CITY OF TROY**  
**RETURN OF INCOME TAX WITHHELD**

**Troy Tax Rate is 1.75%.**

Form TW-1

Remit form and payment to:  
City of Troy Income Tax Division  
100 S Market St, Troy OH 45373

☐ COURTESY WITHHOLDING ONLY.  
INDICATE QUARTER REPORTED: \_\_\_\_\_

*Questions? (937) 339-3861*

Provide Account Number, correct Business Name, Address and FEIN.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Withholding Period (Refer to Instructions)	Due Date (Refer to instructions)
<b>FEBRUARY 2016</b>	<b>MARCH 15, 2016</b>

1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
<b>6. TOTAL DUE</b>	<b>\$</b>

Number of employees during period: \_\_\_\_\_

**CITY OF TROY**  
**RETURN OF INCOME TAX WITHHELD**

**Troy Tax Rate is 1.75%.**

Form TW-1

Remit form and payment to:  
City of Troy Income Tax Division  
100 S Market St, Troy OH 45373

☐ COURTESY WITHHOLDING ONLY.  
INDICATE QUARTER REPORTED: \_\_\_\_\_

☐ I QUALIFY AS QUARTERLY  
(UNDER \$2399 FOR PREV FULL CALENDAR YEAR),  
CHECK BOX IF PAYING BY QUARTER.

*Questions? (937) 339-3861*

Provide Account Number, correct Business Name, Address and FEIN.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Withholding Period (Refer to Instructions)	Due Date (Refer to instructions)
<b>MARCH 2016/1ST QTR</b>	<b>APRIL 15, 2016</b>

1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
<b>6. TOTAL DUE</b>	<b>\$</b>

Number of employees during period: \_\_\_\_\_

**CITY OF TROY**  
**RETURN OF INCOME TAX WITHHELD**

**Troy Tax Rate is 1.75%.**

Form TW-1

Remit form and payment to:  
City of Troy Income Tax Division  
100 S Market St, Troy OH 45373

☐ COURTESY WITHHOLDING ONLY.  
INDICATE QUARTER REPORTED: \_\_\_\_\_

*Questions? (937) 339-3861*

Provide Account Number, correct Business Name, Address and FEIN.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Withholding Period (Refer to instructions)	Due Date (Refer to instructions)
<b>APRIL 2016</b>	<b>MAY 15, 2016</b>

1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
<b>6. TOTAL DUE</b>	<b>\$</b>

Number of employees during period: \_\_\_\_\_

**CITY OF TROY**  
**RETURN OF INCOME TAX WITHHELD**

**Troy Tax Rate is 1.75%.**

Form TW-1

Remit form and payment to:  
City of Troy Income Tax Division  
100 S Market St, Troy OH 45373

☐ COURTESY WITHHOLDING ONLY.  
INDICATE QUARTER REPORTED: \_\_\_\_\_

*Questions? (937) 339-3861*

Provide Account Number, correct Business Name, Address and FEIN.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Withholding Period (Refer to instructions)	Due Date (Refer to instructions)
<b>MAY 2016</b>	<b>JUNE 15, 2016</b>

1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
<b>6. TOTAL DUE</b>	<b>\$</b>

Number of employees during period: \_\_\_\_\_

**CITY OF TROY**  
**RETURN OF INCOME TAX WITHHELD**

**Troy Tax Rate is 1.75%.**

Form TW-1

Remit form and payment to:  
City of Troy Income Tax Division  
100 S Market St, Troy OH 45373

☐ COURTESY WITHHOLDING ONLY.  
INDICATE QUARTER REPORTED: \_\_\_\_\_

*Questions? (937) 339-3861*

Provide Account Number, correct Business Name, Address and FEIN.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Withholding Period (Refer to instructions)	Due Date (Refer to instructions)
<b>JUNE 2016/2ND QTR</b>	<b>JULY 15, 2016</b>

1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
<b>6. TOTAL DUE</b>	<b>\$</b>

Number of employees during period: \_\_\_\_\_

**CITY OF TROY**  
**RETURN OF INCOME TAX WITHHELD**

**Troy Tax Rate is 1.75%.**

Form TW-1

Remit form and payment to:  
City of Troy Income Tax Division  
100 S Market St, Troy OH 45373

☐ COURTESY WITHHOLDING ONLY.  
INDICATE QUARTER REPORTED: \_\_\_\_\_

*Questions? (937) 339-3861*

Provide Account Number, correct Business Name, Address and FEIN.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Withholding Period (Refer to instructions)	Due Date (Refer to instructions)
<b>JULY 2016</b>	<b>AUGUST 15, 2016</b>

1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
<b>6. TOTAL DUE</b>	<b>\$</b>

Number of employees during period: \_\_\_\_\_

**CITY OF TROY**  
**RETURN OF INCOME TAX WITHHELD**

**Troy Tax Rate is 1.75%.**

Form TW-1

Remit form and payment to:  
City of Troy Income Tax Division  
100 S Market St, Troy OH 45373

☐ COURTESY WITHHOLDING ONLY.  
INDICATE QUARTER REPORTED: \_\_\_\_\_

*Questions? (937) 339-3861*

Provide Account Number, correct Business Name, Address and FEIN.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Withholding Period (Refer to instructions)	Due Date (Refer to instructions)
<b>AUGUST 2016</b>	<b>SEPTEMBER 15, 2016</b>

1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
<b>6. TOTAL DUE</b>	<b>\$</b>

Number of employees during period: \_\_\_\_\_

**CITY OF TROY**  
**RETURN OF INCOME TAX WITHHELD**

**Troy Tax Rate is 1.75%.**

Form TW-1

Remit form and payment to:  
City of Troy Income Tax Division  
100 S Market St, Troy OH 45373

☐ COURTESY WITHHOLDING ONLY.  
INDICATE QUARTER REPORTED: \_\_\_\_\_

*Questions? (937) 339-3861*

Provide Account Number, correct Business Name, Address and FEIN.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Withholding Period (Refer to instructions)	Due Date (Refer to instructions)
<b>SEPTEMBER 2016/3RD QTR</b>	<b>OCTOBER 15, 2016</b>

1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
<b>6. TOTAL DUE</b>	<b>\$</b>

Number of employees during period: \_\_\_\_\_

**CITY OF TROY**  
**RETURN OF INCOME TAX WITHHELD**

**Troy Tax Rate is 1.75%.**

Form TW-1

Remit form and payment to:  
City of Troy Income Tax Division  
100 S Market St, Troy OH 45373

☐ COURTESY WITHHOLDING ONLY.  
INDICATE QUARTER REPORTED: \_\_\_\_\_

*Questions? (937) 339-3861*

Provide Account Number, correct Business Name, Address and FEIN.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Withholding Period (Refer to instructions)	Due Date (Refer to instructions)
<b>OCTOBER 2016</b>	<b>NOVEMBER 15, 2016</b>

1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
<b>6. TOTAL DUE</b>	<b>\$</b>

Number of employees during period: \_\_\_\_\_

**CITY OF TROY**  
**RETURN OF INCOME TAX WITHHELD**

**Troy Tax Rate is 1.75%.**

Form TW-1

Remit form and payment to:  
City of Troy Income Tax Division  
100 S Market St, Troy OH 45373

☐ COURTESY WITHHOLDING ONLY.  
INDICATE QUARTER REPORTED: \_\_\_\_\_

*Questions? (937) 339-3861*

Provide Account Number, correct Business Name, Address and FEIN.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Withholding Period (Refer to instructions)	Due Date (Refer to instructions)
<b>NOVEMBER 2016</b>	<b>DECEMBER 15, 2016</b>

1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
<b>6. TOTAL DUE</b>	<b>\$</b>

Number of employees during period: \_\_\_\_\_

**CITY OF TROY**  
**RETURN OF INCOME TAX WITHHELD**

**Troy Tax Rate is 1.75%.**

Form TW-1

Remit form and payment to:  
City of Troy Income Tax Division  
100 S Market St, Troy OH 45373

☐ COURTESY WITHHOLDING ONLY.  
INDICATE QUARTER REPORTED: \_\_\_\_\_

☐ I QUALIFY AS QUARTERLY  
(UNDER \$2399 FOR PREV FULL CALENDAR YEAR).  
CHECK BOX IF PAYING BY QUARTER.

*Questions? (937) 339-3861*

Provide Account Number, correct Business Name, Address and FEIN.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Withholding Period (Refer to instructions)	Due Date (Refer to instructions)
<b>DECEMBER 2016/4TH QTR</b>	<b>JANUARY 15, 2017</b>

1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
<b>6. TOTAL DUE</b>	<b>\$</b>

Number of employees during period: \_\_\_\_\_

## INSTRUCTIONS FOR FILING RECONCILIATION OF RETURNS (For tax year 2016)

### GENERAL INFORMATION

On or before February 28th of each year, every employer must file a withholding Reconciliation of Returns. (This filing will include wages reportable and tax paid in the prior calendar year on employee withholding for the City of Troy.) Copies of all W-2 forms applicable to the Reconciliation must be attached. All W-2's must furnish the employee's name, address, social security number, qualifying wage compensation, and Troy tax withheld. If more than one city tax was withheld, then the W-2's must show a breakdown of each city that tax was withheld for, the wages earned in each city, and the amount of city tax withheld for each city.

In addition, any individual or business entity compensating persons on a commission or contract labor basis must furnish copies of the form 1099 or appropriate income statements issued by February 28th of each year. All 1099's or income statements shall require the same type of information as is required of the W-2 forms as stated above.

### RECONCILIATION FORM INSTRUCTIONS

**All Reconciliation of Returns plus attachments must be mailed to 100 S Market St, Troy OH 45373.**

In the appropriate boxes, enter the amounts of tax withheld for each period, the number of employees (Box A), the total compensation subject to City of Troy Municipal Income Tax (Box B), the tax due on said compensation at 1.75% (Box C), the amount of tax withheld (Box D), the amount paid (Box E), and any difference (Box F). If there is a shortage, this balance due must be remitted immediately. Any withholding shortage or missed payment will be subject to penalty and interest assessments. If there is an overpayment, you must file an amended return for the period affected, indicate either credit or refund on the amended return, and attach an explanation. An overpayment of tax from an individual employee's wages will only be refunded directly to the employee. Overpayments will not be refunded without the filing of an amended return, or if there is any other outstanding balance due on the account. **Be sure to attach copies of all W-2 forms.**

## 2016 CITY OF TROY ANNUAL RECONCILIATION OF RETURNS

Provide Account Number, correct Business Name, address and FEIN.

**SUBMIT BY FEB 28, 2017. W-2's MUST BE ATTACHED**

I hereby certify that the information and statements contained herein are true and correct.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

MAIL TO: **City of Troy Income Tax Division**  
**100 S Market St, Troy OH 45373**

JANUARY	JULY
FEBRUARY	AUGUST
MARCH/1ST QTR	SEPTEMBER/3RD QTR
APRIL	OCTOBER
MAY	NOVEMBER
JUNE/2ND QTR	DECEMBER/4TH QTR

Box A	Number of employees:
Box B	Total Gross Compensation:
Box C	Tax Due at 1.75%
Box D	Tax Withheld (should match Box C):
Box E	Tax Paid:
Box F	Balance Due or (Overpayment):